



Customer Service Department
Request Form for:
Claim History / Certificate of Insurance / Declarations Page

Date: From:
To Fax: 212-300-9388 From Fax #:
To Email: CSD@mlmic.com From Email:
To Phone: 800-275-6564 From Phone:

Please note that this form is:

- For Individually Insured Policyholders Only
-Not to be used by third parties for Hospital/Healthcare Facility Additional Insured Employees
(Requests must be submitted by the respective Institution's authorized representative)

Name of MLMIC Insured: Reference No.:

Check all that apply to your request and attach required information:

- Claim History Request
Certificate of Insurance Request
Copy of the latest Declaration Page

Insured's Signature: Date:

This material is intended only for the use of the individual or entity to which it is addressed and may contain certain information that is privileged, confidential and exempt from disclosure by applicable law.